

## HOSPITAL CONTRACT FLOW CYTOMETRY REQUISITION

Report to client #:		HOSPITAL LABEL HERE
Hospital Name:		
Requesting Physician:		LIFELABS LABELS HERE
Physicians phone:		
Date of collection:		LIFELABS LABELS HERE
Time Collected:		

CLINICAL INFORMATION/ PROVISIONAL DIAGNOSIS: \_\_\_\_\_

**Please select ONE of the following tests:**

<p><b>NOTE:</b> Samples will only be collected/accepted: <b>Monday to Friday*</b> <b>Note: Friday specimens must be received at LifeLabs by 12pm</b></p> <p>Except for Absolute CD4, CD8 counts and CD4/CD8 ratio on &lt; 18yrs: Monday - Wednesday</p>	Lymphocyte subset analysis	<p><input type="checkbox"/> <b>Absolute CD4,CD8 counts and CD4/CD8 ratio: ≥ 18 yrs (TR#788)</b> Collect Monday – Thursday Send one (1) EDTA tube (Lavender Top) of blood</p> <p><input type="checkbox"/> <b>Absolute CD4,CD8 counts and CD4/CD8 ratio: &lt; 18 yrs (TR#2092)</b> Collect Monday – Wednesday Send one (1) EDTA tube (Lavender Top) of blood</p>
<p><b>SAMPLE INFORMATION</b> (must be provided):</p> <p><input type="checkbox"/> Blood*</p> <p><input type="checkbox"/> Bone marrow aspirate*∞(2 mL)</p> <p><input type="checkbox"/> Fluid∞: _____ (Specify Site)</p> <p><input type="checkbox"/> Lymph node, excised site ∞:</p> <p><input type="checkbox"/> Other Tissue (Specify)∞:</p>	Immunophenotyping of hematolymphoid malignancies	<p><input type="checkbox"/> <b>Blasts/ Acute leukemia immunophenotyping</b>(TR#3164) Send one (1) tube (EDTA) of blood OR Sodium Heparin tube (Green Top) of bone marrow Store and ship at room temperature.</p> <p><input type="checkbox"/> <b>Myeloma immunophenotyping</b> (TR#3164) Send one (1) Sodium Heparin tube (Green Top) of bone marrow.Store and ship at room temperature.</p>
<p><b>*Please send CBC printout and one unstained blood or bone marrow slide for each patient except for CD4/CD8 testing.</b> ∞For all irretrievable specimens – please notify flow lab by emailing or faxing a copy of this requisition to: <a href="mailto:amr.rajab@lifelabs.com">amr.rajab@lifelabs.com</a> or 416 213 4653 – This will provide additional notification to ensure these specimens are tracked closely.</p> <p><b>For report status inquiries contact Customer Care: 1-877-849-3637</b></p> <p><b>For technical inquiries contact the flow lab: 416-675-4530 Ex 46809 or 42096</b></p> <p><b>For assistance with results interpretation inquiries, please call: 416-675-4530 Ex 42040 or 42944</b></p>		<p><b>Lymphoproliferative disease phenotyping</b> (TR#3164)</p> <p><b>Blood &amp; Bone marrow Aspirate</b></p> <p><input type="checkbox"/> Send one (1) EDTA tube (Lavender Top) of blood or Sodium Heparin tube (Green Top) of bone marrow. Store and ship at room temperature.</p> <p><b>Excised lymph node (or other tissue)</b></p> <p><input type="checkbox"/> Send ~5mm<sup>3</sup> tissue in normal sterile saline, enough to cover tissue. Store and ship at 2-8°C – DO NOT FREEZE</p> <p><b>Fine Needle Aspirate (FNA) or Fluid</b></p> <p><input type="checkbox"/> Send in sterile screw cap container. Store and ship at 2-8°C – NO NOT FREEZE</p>
		<p><input type="checkbox"/> <b>PNH</b> (TR#3164) Send one (1) EDTA tube (Lavender Top) of blood Store and ship at room temperature.</p>

**For Inquires, contact LifeLabs Customer Care Centre 1-877-849-3637**